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1745

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/322,666
Filing Date	May 28, 1999
First Named Inventor	William A. Fugelvand et al.
Group Art Unit	1745
Examiner Name	S. Kalafut

Attorney Docket Number AV1-006

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> PTO Postcard Receipt	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Check for \$180.00	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> PTO Form-1449	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<td>Remarks</td>	Remarks	<input type="checkbox"/> Cited Reference
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	No Fee Required		

To 1700 MAIL ROOM
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James D. Shaurette, Reg. No. 39,833 Wells, St. John, Roberts & Gregory & Matkin, P.S.
Signature	
Date	3/23/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	Natalie King
Signature	
Date	3-23-01

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FEES TRANSMITTAL
for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB-09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	09/322,666
Filing Date	May 28, 1998
First Named Inventor	William A. Fugelvand et al.
Examiner Name	S. Kalafut
Group / Art Unit	1745
Attorney Docket No.	AV1-006

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 23-0925

Deposit Account Name Wells, St. John, Roberts, Gregory & Matkin

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee	
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES

Total Claims	-20**	=	X	Fee from below	Fee Paid
Independent Claims	- 3**	=	X		0
Multiple Dependent		=			

**or number previously paid, if greater. For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	
105 130	205 65	Surcharge - late filing fee or oath	0.00	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00	
139 130	139 130	Non-English specification	0.00	
147 2,520	147 2,520	For filing a request for reexamination	0.00	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	0.00	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00	
115 110	215 55	Extension for reply within first month	0.00	
116 380	216 190	Extension for reply within second month	0.00	
117 870	217 435	Extension for reply within third month	0.00	
118 1,360	218 680	Extension for reply within fourth month	0.00	
128 1,850	228 925	Extension for reply within fifth month	0.00	
119 300	219 150	Notice of Appeal	0.00	
120 300	220 150	Filing a brief in support of an appeal	0.00	
121 260	221 130	Request for oral hearing	0.00	
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00	
140 110	240 55	Petition to revive - unavoidable	0.00	
141 1,210	241 605	Petition to revive - unintentional	0.00	
142 1,210	242 605	Utility issue fee (or reissue)	0.00	
143 430	243 215	Design issue fee	0.00	
144 580	244 290	Plant issue fee	0.00	
122 130	122 130	Petitions to the Commissioner	0.00	
123 50	123 50	Petitions related to provisional applications	0.00	
126 240	126 240	Submission of Information Disclosure Stmt	180.00	
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00	
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00	
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))	0.00	
Other fee (specify) _____				0.00
Other fee (specify) _____				0.00

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	James D. Shaurette	Registration No. (Attorney/Agent)	39833	Telephone	509-624-4276
Signature				Date	3/23/01

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